1:Sanders Z-5,4 (1952-1959) 1962 EH1 Greece EH1

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have not reached. They also help in the gathering of olives, grapes, and many other products requiring patient labor.

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The woman is increasingly being viewed today as a supplementary source of labor in the fields, to be employed only when the need is urgent, although regional variations are still important. When she does go to the field, she may take the baby and the small children along and care for them as she works. Various explanations are offered for this lightening of field labor by women. Today, more of the village women have seen how the city women live and have resolved to put city ways into practice in their homes and villages. Furthermore, men seem to be showing more interest in their farms due to the help the government is giving in providing fruit trees, opening up of farm-to-market roads, and helping the peasant participate more actively in the national economy. Agricultural and home-economics extension workers, who now visit the majority of villages, not only tell the men that it is their job to do the field work, but they also show the men better methods for reducing the work load. Where tractors exist, the woman is relieved of much field work and can occupy herself with other tasks. She works more on her loom, takes care of her children, and cleans her house. She also has more time for gardening on a plot fairly close to the house. One recognizes the need for this in a place such as Ioannina (Epirus) where peasants in the outlying villages, with plenty of land near their house, buy at the city market vegetables which they could have grown at home if the women had had sufficient time.

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Keeping the Family Well

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Work, however, is not the only responsibility of a Greek housewife. Any ailing person becomes the immediate concern of the mother or the mother-in-law, with the older woman usually considered wiser in the mysteries of folk medicine. The patient also becomes the concern of the neighbors for, as one man put it, "when somebody gets sick, everybody goes to visit him and to look after him." For quite understandable reasons, the living standards of rural Greece are far below those found in Athens or in most countries of the West. Consequently, health practices, many of them surrounded with superstitions, are the outgrowth of the experience of people who for centuries have faced pain, illness, and death without the benefits of the accumulated medical discoveries of the modern world.

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Indeed, for much illness the peasant has a supernatural rather than a scientific explanation. As one writer has put it:

> The whole of popular medicine is based upon the knowledge of charms and incantations. Many simples and drugs are of course known and employed; but it is still generally believed, as it was in the old time, that "there would be no good in the herb without the incantation." For the most ordinary diseases are

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1:Sanders Z-5,4 (1952-1959) 1962 EH1 Greece EH1

753 776 credited to supernatural causes, and there is no ill to which flesh is heir, — from a headache to the plague, — without some demon responsible for it. A nightmare and the sense of physical oppression which often accompanies it are not traced to so vulgar a cause as a heavy supper, but are dignified as the work of a malicious being named *Vrachnas*, who in the dead of night delights to seat himself on the chest of some sleeper, and by his weight produces an unpleasant feeling of congestion. . . .[13]

755 759 [793] For cures, then, one turns not only to the doctor but at times to the priest, who will come and read from "the holy books," or even more frequently to the village wise women, who understand what herbs to use and the particular charms appropriate to every occasion. These wise women usually keep their activities secret from the priest. Many remedies which seem fantastic, such as curing boils by putting pus from them on a piece of bread and giving it to a dog to eat, make sense to the peasant. One symbolically and supernaturally transfers the illness from the patient to some other host, susceptible or immune as the case may be.

755 [868] 755 757 [184] A mother will pass on her knowledge of folk medicine to her daughters, although they will often seek the help of some wise woman particularly skilled in caring for the sick. In order to learn more about the ordinary folk remedies, we compared a list drawn up by D. Loukopoulos for Aetolia, a district in Central Greece, with those cures believed in by Chrysoula, a wise woman on the island of Spetsai, just off the Peloponnesos.[14] As was expected, the prescriptions did not tally on all points, but their general purpose and approach were much the same.

To cure malaria:

Wash a cup out, give patient holy water on an empty stomach without letting the patient know what he is drinking. After he drinks this once or twice at dawn he'll feel much better. (Aetolia)

To cure stomach ache:

Boil powdered acorn caps in one hundred drams of water, add clove and four pieces or *rigane* (wild origan). When it has been boiled down to size of an ouzo (brandy) cup, strain it and add some rum. When the sick man drinks it, all pains will ease. (Aetolia)

Boil the stem of the poppy plant and give the brew to patient to drink. (Spetsai)

755 793 *To cure insanity:*

Insanity cannot be cured with medicines. The priest reads to the insane person out of the Four Gospels, then may take him to a monastery. If he does not get better, he is tied (often chained) to the ring in the tiling of the church floor. (Aetolia)

[789] The priest exorcises the demon by using the ritual of St. Basil the Great, or some sacred relic may be taken to the insane person in the hope of driving away the demon. The patient is not taken to the monastery. (Spetsai)

1:Sanders Z-5,4 (1952-1959) 1962 EH1 Greece EH1

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feeling the mystery and fear that surrounds the whole discussion of the cause and cure of an illness attributed to the Evil Eye. As they grow older, they understand why the parent of a child or the owner of an animal will say in reply to any words of admiration: *Phtyse* (Spit) or *Phtys' to* (Spit it), at which you must pretend to spit.

It is into such an atmosphere of half-truth, and even harmful customs, that those interested in scientific medicine must practice their profession. They quickly find that patients are often brought to them after the priest and the wise women have done their best and failed. They also know that merely giving a prescription is no guarantee that it will be followed as directed, but may even be blended with folk medicine that makes it ineffective. In Greece today there is one physician for every thousand people, a proportion usually considered adequate in the United States. The difficulty comes with their maldistribution, for over 50 percent of all doctors are concentrated in the Athens-Piraeus area. Consequently, many villagers have to travel long distances to obtain medical treatment, but the improved roads are making such trips less time-consuming.[15]

Once in a while some member of the family has to be hospitalized. An American, thinking only in terms of scientific sanitation concepts, is often amazed at what he observes if he chances into a small Greek provincial private hospital, one of which has been well described by Dr. Ernestine Friedl:

> One knocks on a door and enters a small room about twelve feet square. There are three ordinary iron bedsteads along three of the walls of the room. On each of the beds, fitted with her own bed linens in the typically varied colors of the Greek village, lies a woman patient. Two are older women wearing their brown kerchiefs and dressed in their own pink flannel nightgowns. The third is a young woman without a kerchief, lying on the bed fully dressed. It is not possible to move beyond the door because the entire center floor space is covered with a blanket, around the edges of which five relatives of one of the patients are sitting, just finishing a meal which they have been eating picnic-style. The remnants of bread, wine, and cheese are quickly gathered up as the relatives make way for the new visitors and apologize for taking up so much space. The husband of the young woman is warming some macaroni over a small kerosene burner on a tiny table near her bed. When the food is warm enough he serves it to his wife. The daughter and the husband of the third patient are standing near her bed watching the goings-on. The daughter coughs violently. It is midwinter and she has a cold aggravated by sleeping on a pallet on the floor of her mother's hospital room. A nurse comes in to leave an ice-bag. The daughter helps her mother to adjust it.[16]

Before one condemns too quickly such medical practices, it is well to try to understand some of the cultural factors which explain them. These have

5:Hammond M-5 (1948-1950)1956
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students from places as far distant as Drama and Katerini. A candidate for the two-year course which the seminary provided must have reached the fourth class of his elementary school: an event which in the case of certain of the more venerable amongst these bewhiskered scholars must have been more than a generation remote from their reappearance *in statu pupillari*.

The programme of studies, as at all these lower seminaries, was eminently practical and was related at every point to the peculiar circumstances within which the Greek country parson exercises his priestly ministry. It was grounded, as is fitting, "in the Book of books, the store-house and magazine of life and comfort, the Holy Scriptures," and, in particular, in the study of the text of the Gospels. The director was assisted by another lay theologian, the preacher of the diocese. Their lectures on the Bible, doctrine, catechising, the holy canons and liturgical matters, were supplemented by instruction in the ecclesiastical chant (given by the chief singer of the metropolis), and by talks on the rudiments of first-aid from a local doctor: for the country parson does not merely "condescend to the knowledge of tillage and pasturage"; he desires to be all to his parish, and "not only a pastor but also a physician". A little medical knowledge does indeed constitute an invaluable addition to the skills of a country priest in a region where the only known medicaments are aspirins and ouzo, and doctors are as rare as dissenters.

The seminary at Kozani was housed in a rambling, somewhat dilapidated building adjoining the church of SS. Cosmas and Damian. Its furnishing and equipment were simple in the extreme. Twice a day the lecture-room was transformed into a refectory. The students slept seven or eight to a room on straw mattresses laid on the bare boards, and St. Benedict's maxim: *stramenta . . . sufficiant matta, sagum et lena et capitale*, was observed by all alike.

The liturgical life of the seminary was centred in the church which lies on the other side of the courtyard. The whole community assembled twice daily to sing the divine office, and on Sundays and holy days the liturgy was celebrated. Those amongst the students who lived within easy distance of Kozani used to go home every Saturday and return on Monday morning after celebrating the holy mysteries in their own parish churches. They used also to go to their villages for the great festivals. In other cases some temporary provision would be made for the parishes concerned: the late Metropolitan of Grevena, for example, would allow

7:Friedl E-5 (1955-1956)1958
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Boeotia

Hospital Care in Provincial Greece

*Ernestine Friedl**

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the result of curing practices, but the means used depend upon and have some consequences for the economic, religious, and social organization of the society, for its belief systems, and for the psychological characteristics of individuals.[4]

Studies analyzing the social roles involved in illness and of the nature and extent of hospital care in the United States have led to the same conclusions.[5] Therefore, in the interests both of successful therapy and of humanity, it is usually recommended that scientific knowledge about illness and the practices associated with its cure be introduced in such a way as to take account of the latent functions of the indigenous behavior. But how practically to implement this recommendation is always a problem.[6]

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The Boeotian situation, to be sure, did not result from conscious planning along the recommended lines. It is here suggested, however, that this situation provides, in certain respects at least, the virtual equivalent of a case study in the successful operation of the recommended principles. The following description is presented with this in mind, and does not purport to be in any sense a total study of illness in the society described.

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Comparison of Home Care and Hospitalization

Let us first look at the treatment of illness in a Greek village home. Much as in the United States, the first day or so of fever or other sign of illness is treated with bed rest and home remedies. Aspirin is known, and in the Greek village of 1956 penicillin and other antibiotics are sold in the village store, and their use comes under the head of home remedies. But, significantly enough, the antibiotics will be administered only if some relative of the family (not necessarily a physician

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4. For a discussion of manifest and latent functions see Robert K. Merton, *Social Theory and Social Structure*, Glencoe, Illinois, The Free Press, 1949, pp. 21-81. See also A. H. Leighton and D. C. Leighton, *op. cit.*, and B. D. Paul, *op. cit.*, pp. 460, 477; also Lyle Saunders, *Cultural Difference and Medical Care: The Case of the Spanish-Speaking People of the Southwest*, New York, The Russell Sage Foundation, 1954.

5. Lawrence K. Frank, "Psycho-cultural Approaches to Medical Care," *Journal of Social Issues*, 8, 45-55 (1952); Talcott Parsons, *The Social System*, Glencoe, Illinois, The Free Press, 1951, pp. 428-479; Talcott Parsons and Renee Fox, "Illness, Therapy and the Modern Urban American Family," *Journal of Social Issues*, 8, 31-44 (1952); Leo W. Simmons and Harold G. Wolff, *Social Science in Medicine*, New York, The Russell Sage Foundation, 1954, pp. 170-193.

6. George M. Foster, "Relationships Between Theoretical and Applied Anthropology," *Human Organization*, 11 (3), 5-16 (1952); B. D. Paul, *op. cit.*, p. 476.

[p. 24(B)]

or nurse) has been taught how to give injections and can be called upon to do so. If the doctor who travels on horseback through the countryside should come into the village on a day when anyone is ill, he may or may not be asked to look at the patient. A case of measles in a young child, for example, would be diagnosed by the family and they would feel no need for the services of a doctor. In the meantime, members of the family who live in the village and the neighbors will visit with the patient while his household continues in its usual activities. However, the patient is never left alone, and is often surrounded by a crowd of noisily talking visitors, including children. The visitors all give advice as to proper treatment, recommend doctors in the neighboring towns, and recall the history and development of similar symptoms in themselves or in their relatives. The proper phrase of good cheer is *perástiká sas* which means "may it pass for you" and is addressed not only to the patient himself but to his entire household. Nor is the patient isolated even at night. If the household is one in which the parents and children sleep in the same room (some on beds and some on pallets on the floor) this custom is not changed because of illness. Food for the patient is prepared by whatever member of the household customarily does the cooking.

If an illness lasts beyond expectations, or if it takes acute or violent form such as a heart attack or a bleeding ulcer, several alternatives are possible. Some member of the household may go for a doctor, or the patient may be taken to a hospital in a provincial town. Going for the doctor may involve a walk of several miles to the nearest town where there is one, or it may involve a walk to the nearest town or village that has a taxi, and the taxi may be hired to go on for the doctor. The taxi may also be hired to call for the patient and to take him to the hospital. Ordinarily, the patient is accompanied by at least one member of his household and frequently by several. In one case in which a woman in labor went to the hospital, she was accompanied by her mother-in-law, her husband, her sister-in-law, and her brother.

One of the provincial towns in Boeotia is slowly developing into a small medical center for the surrounding region. The hospitals there are actually small proprietary institutions with ten to twenty-five beds. Each hospital is owned and operated by a doctor who ordinarily has a specialty. There are several maternity hospitals, one or two for major surgery, one for tonsilectomies, one for internal medicine, and so on. The number of these small private hospitals has increased sharply since the end of the Greek civil war in 1949. They are staffed by local women and young girls, who ordinarily have no special nurses' training except for what training the doctor can give them. The physicians themselves, however, are graduates of the medical school of the University of Athens, and many have had additional training outside of Greece.[7] The qualifications of the physicians lead one to expect normal American hospital routines, perhaps somewhat modified by the limitations of space and of an untrained staff.

But consider the scene in the room of a small private hospital. One knocks on a door and enters a small room about twelve feet square. There are three ordinary iron bedsteads

7. Leland G. Allbaugh, *Crete: A Case Study of An Under-Developed Area*, Princeton, Princeton University Press, 1953, pp. 156-157.

[p. 25(A)]

7:Friedl E-5 (1955-1956)1958
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Boeotia

which relatives can sleep. Even so, however, since private rooms are apparently unknown, there are always other patients to talk to.

The family has especially important social and psychological functions in Greece. Therefore, the presence day and night of family members in the hospital fulfills the latent function of emotional support. Such support is essential for Greek patients, because they feel useless and unwanted whenever an illness prevents them from fulfilling their customary roles in the household. When the family members can also care for a patient in the hospitals much as they can at home (e.g., bring and cook food for him and, if necessary, even feed him) his sense of isolation and strangeness is further lessened.

A characteristic attitude of the Greek villager is a suspicion of other people's motives and actions.[9] He believes that people are not trustworthy and are more likely to cheat one than not. The opportunity for constant family conferences to check on the doctor's treatment of one's illness is considered a necessity. Once again, the presence of at least one relative at all times during a hospital stay assures the patient that he has someone nearby watching out for his interests and keeping an eye on the possible chicaneries of the doctors and nurses. A physician we interviewed mentioned as one of the reasons for permitting a relative to stay with a woman throughout an entire confinement, the fact that the visitor could then act as a witness. She would be able to testify to the new mother and to the other members of the family that the doctor had done his job properly. The doctor himself did not seem to feel that such a point of view reflected in any way on his integrity, but simply took it for granted.

Pros and Cons of Hospitalization

What, then, are considered the special advantages of hospital care which impel the Greek villagers to incur the great expense and inconvenience of hospitalization? There is, of course, recognition of the fact that the doctor is almost continually on call in the hospital and the added sense of security this brings. For childbirth, there is no question but that the villagers believe that the doctor will do a better job. He knows more than the midwife and professional knowledge and skill is highly valued. But, I believe, what is of commensurate importance is the latent function hospitalization fulfills in the perpetual rivalry for prestige among village families. Hospital care is believed to be the sophisticated, urban way of caring for serious illness and childbirth. Hospitalization therefore can enhance family prestige. It is not uncommon for one or two sons of a village family to be educated sufficiently to obtain a white-collar job in a provincial town, in Athens, or even to be educated for and to practice one of the professions. The village girls, whose fathers can provide large enough dowries, marry a city or a town man whenever they can and so acquire husbands who are not village farmers. Since, in Greece, the family continues to act as a unit for some purposes even though its members are scattered over the city and several towns and villages, the

9. Harry L. Levy, "Property Distribution by Lot in Present-Day Greece," *Transactions of the American Philological Association*, 87, 45-46 (1956).

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Unfortunately the women lack even the simplest /64/ knowledge in nutrition and always prepare an unbalanced diet, although available food stuffs are enough to prepare a balanced diet. Thus the diet is poor. The local doctor always mentioned the fact that medicines will not cure the disease unless the people have a diet suitable to their work and conditions. 146

The question is not how to teach them a balanced diet and nutrition but how to use advantageously the existing food materials and to study the economic conditions so as to ascertain a feasible program for balancing their diet. It was one of the mistakes of the home demonstration center which started teaching them science and nutrition, instead of trying to find out what they had and how they were using it so as to improve their methods of utilizing it better. [654]

PART V. HEALTH.

Home Remedies. The people of Megali Vrisi can never forget what they learned from their parents regardless of education and new environment. Both the doctor and the local nurse would advise the women how to take care of the sick, but still one would find them trying their own methods before attempting the doctors or the nurses. Through experience the farmers found certain plants that have definite results for every disease and /65/ sickness. For a cold they drink boiled camomile. For stomach troubles they boil the roots of a plant and drink the juice. For boils they put on boiled onion, boiled linseed and fresh cow manure. 757 • 178

Regardless of whether they have the nurse and the doctor in their village, in case of sickness they will consult first the experienced neighbor and as a last resort they will consult the nurse or the doctor. [759]

he worships her like the Virgin. A derisive Dodecanese anti-Mussolini song, composed during Italian occupation, makes casual reference to God and the beloved Virgin of the Island.

HEALTH

The stock phrase for beginning a Greek letter is "We have health and health we wish for you." A frequent form of greeting and good-bye is "Health to you", and this is also said to anyone who sneezes. Anyone wearing a new article of clothing is greeted with the wish that he wear it with health. The question "How are you? Are you well?" asked upon a meeting with someone, are real questions, requiring an answer. Health is good and important, it is desired, but it is not a preoccupation. The wish for health is not a sanction; one of the child care manuals uses this sanction in urging mothers not to let their young children play with the neighbourhood children for fear of contracting infections, but the other urges the mothers not to worry about microbes, since association with others is of primary importance. In general, however, health is not a motivation in nutrition, recreation, or housing. And human relations are definitely more important. It is terrible to send a member of the family to the hospital unless, of course, it is necessary for an operation. Because of this attitude, tuberculosis often spreads through the family, since very often not even the barrier of self-protection will be introduced between the ailing and the well. Added to this is the fear that, if tuberculosis is known to be in the family, it will be hard to get a son-in-law. However, if an operation is required, a woman will go alone from a village to a hospital in Athens. There is no rejection by her family involved here; in addition, the pattern of fortitude is evoked.

In general, people do not go to a doctor unless something is very wrong. They do not go for a general check-up, although the habit of going to maternal and well-baby clinics is gaining ground. If anyone is unwell, home remedies are first resorted to, and probably the wise woman who knows about herbs is called in. The manuals on child care have long sections, covering about a third of the book, on home care and the diagnosis of disease; and they urge the use of traditional remedies: cupping, the use of camomile and other herbs. When a serious illness is recognized, the doctor is called and vows are made to the Virgin or the appropriate Saint; a mother may vow a foot pilgrimage, or 40 daily obeisances over a period of time, or the gilding of the hands of an ikon. Much illness arises from the evil eye or magic spells, and can be counteracted by magical practices.

The tuberculosis division of the UNRRA mission to Greece reports the impression that there was only one half the amount of tubercu-